



**AUTHORIZATION TO RELEASE MEDICAL INFORMATION
(All sections must be completed)**

I hereby authorize Knoxville Orthopaedic Clinic and its physicians, employees and agents to release or disclose to myself or the below-named recipient all of my medical records specified.

Patient Name: _____ Date of Birth: _____
SSN: _____-_____-_____

Address: _____ Phone: _____

I hereby authorize the release of medical records to: _____
Address: _____
Fax/Phone: _____

Purpose of disclosure: _____
The authorization will expire on: _____
Date or Event my not exceed one year

Information to be released: _____

Date of service(s): _____

I understand I have a right to revoke this authorization by written notification to the Privacy Officer, except to the extent it has acted in reliance thereon before notice of revocation. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure which may not be protected by federal confidentiality rules. I understand that I may request a copy of this authorization. I understand that I can refuse to sign this authorization and the above-named office may not condition treatment on my signing of this authorization.

Signature of Patient or Authorized Representative _____ Date Signed _____

Relationship to Patient _____

There will be a charge for copies of medical records and Completion of forms. The charges are as follows: Copies of Medical Records 1-5pgs \$5.50, 6-30 \$11.00, 31-75 \$17.00; 76-125 \$24.00; 126-300 32.00; 301-500 \$41.00; 501-700 \$53.00; 701 and up \$64.00. The Completion of FMLA/Disability/Claim forms will be a flat \$25.00 charge per form. Fees will be due prior to records being released. Please make check or money order payable to Acton Corporation. Acton Corporation is contracted with Knoxville Orthopedic Clinic to handle Release of Information and FMLA/Disability Services. **ROI Department: Phone: 865.558.4431; FMLA/Disability Office: Last name Beginning with A-L: 865-558-4409 & Last name Beginning with M-Z: 865-558-4428; Fax 865-558-4416**